



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6862

|                             |                                       |              |                        |                                   |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>10/748,135 | FILING DATE<br>12/31/2003<br><br>RULE | CLASS<br>210 | GROUP ART UNIT<br>1723 | ATTORNEY<br>DOCKET NO.<br>3659-78 |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

APPLICANTS

Steven Bernard, Andover, MN;  
 Kelley Stickman, Hugo, MN;

\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/459,967 04/04/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 04/28/2004

|  |   |                           |                        |                       |                            |
|--|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance<br><i>JK</i><br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>MN | SHEETS<br>DRAWING<br>8 | TOTAL<br>CLAIMS<br>15 | INDEPENDENT<br>CLAIMS<br>2 |
|--|---|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS  
 23117  
 NIXON & VANDERHYE, PC  
 901 NORTH GLEBE ROAD, 11TH FLOOR  
 ARLINGTON, VA  
 22203

TITLE  
 Hollow fiber filter for extracorporeal blood circuit

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
|-----------------------------------|---|--|